

Date:\_\_\_\_\_ Interviewer:\_\_\_\_\_ Study ID:\_\_\_\_\_

## FAMILY HISTORY QUESTIONNAIRE

*Thank you for agreeing to participate in this important study of family occurrence of breast and other cancers.*

*Before we begin, I would like to tell you about this project, which is called the Familial Registry for Breast Cancer, and to advise you of your rights as a research participant. The project is being conducted by the Northern California Cancer Center in collaboration with the National Cancer Institute. It will gather specific information from persons with breast cancer and some of their family members and place it in the Family Registry. This information resource will be used to understand genetic and other factors that cause some people to develop certain cancers, so that they may be prevented in the future.*

*Your participation in the project involves several steps. These are: providing information about your family history, your medical history and your past lifestyle and activities, including diet; donating a small amount of blood; and permitting study staff to have access to your medical records and, in some cases, to tissue samples removed during surgery. Any information or samples you provide will be stored without names, addresses, phone numbers, or any other identifying information. Your name and the names of your family members will not appear on any reports based on the data we collect. We will not contact your family members without your permission.*

*Your participation in any part of this study is entirely voluntary, and there are no consequences of any kind if you decide not to participate. If you choose, you may participate in some, but not other parts of the study. We will make every effort to protect the confidentiality of the information you provide.*

*The first part of the project is an interview about your family history. You may refuse to answer any question you do not wish to answer, and you may end the interview at any time.*

Do you have any questions?      YES (ANSWER QUESTIONS)      NO

*May I proceed with the interview?*

YES                      1 (GO TO START)  
NO                        2

*Is there a more convenient time that I could call back and complete the interview?*

YES                      1 (RECORD NEW DATA AND TIME ON CALL SHEET) Thank you. (END)  
NO                        2

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STARTING TIME OF INTERVIEW

HR                      AM                      1  
MIN                      PM                      2

**START:**

*In the following questions, we will be listing certain of your biological relatives. The relatives will include your parents, sisters and brothers, half-sisters and half-brothers, daughters and sons, grandparents, aunts and uncles, nieces and nephews, and grandchildren. We will not be talking about step-parents, step-siblings or step-children, or adopted family members.*

*Please feel free to take as much time as you need to answer the questions. If you are not able to answer all the questions, we will just complete as much as we can at this time.*

**PROBAND**

*Let's start by recording a few facts about you and your biological parents, that is, the parents to whom you were born.*

1. *What is your full name, including your middle name and your maiden name, if you are married?*

\_\_\_\_\_  
FIRST                      MIDDLE                      MAIDEN                      LAST

2. *What is your full date of birth?* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH / DAY / YEAR

## MOTHER

3. What is your **mother's** full name, including her middle and maiden name? \_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

4. What is her full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ 2 5 10 >10  
MONTH/ DAY/ YEAR

5. Has your mother ever had breast cancer, ovarian cancer, childhood cancer, or any other type of cancer? **(CIRCLE ONE)**

NO **(GO TO Q. 10)**

YES **(ASK QUESTIONS BELOW)**

What type(s) of cancer did she have? <b>(INCLUDE ALL)</b>	7. What part of the body did this cancer start in?	8. How old was she when this cancer was first diagnosed?	9. What <u>date</u> was this cancer first diagnosed?
____	1.	1. 2 5 10 >10	1. 2 5 10 >10
____	2.	2. 2 5 10 >10	2. 2 5 10 >10
____	3.	3. 2 5 10 >10	3. 2 5 10 >10

10. Is your mother living or deceased? **(CIRCLE ONE)**

**LIVING**

11. What is her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

12. And what is her current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**  
AREA CODE/ NUMBER

**DECEASED**

13. What was her date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ 2 5 10 >10  
MONTH/ DAY/ YEAR

**(IF NO CANCER, GO TO NEXT PAGE)**

14. In what city and state did she die? \_\_\_\_\_  
CITY STATE

15. What is the name of her next-of-kin? \_\_\_\_\_

16. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

17. And what is his/her current telephone number? \_\_\_\_\_



32. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

## ***SISTERS***

33. How many biological sisters do you have altogether, including half-sisters and any sisters who are deceased? \_\_\_\_\_ ***(IF NONE, GO TO PAGE 10)***

*Now I would like to ask you a few questions about your sisters. Please include only your sisters who have the same biological mother or father you have. Do not include step-sisters or adopted sisters.*

## SISTER 1

34. What is your (first) **sister's** full name, including her middle name, and her maiden name, if she is married? \_\_\_\_\_

FIRST

MIDDLE/MAIDEN 35.

What is her full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ 2 5 10 >10

MONTH/ DAY/ YEAR

LAST

36. Is she a half-sister? **(CIRCLE ONE)** NO **(GO TO Q. 38)** YES 37. Was she born to your mother or your father? MOTHER FATHER

38. Has your sister ever had breast cancer, ovarian cancer, childhood cancer, or any other type of cancer? **(CIRCLE ONE)**

NO **(GO TO Q. 43)**

YES **(ASK QUESTIONS BELOW)**

39. What type(s) of cancer did she have? <b>(INCLUDE ALL)</b>	40. What part of the body did this cancer start in?	41. How old was she when this cancer was first diagnosed?	42. What <u>date</u> was this cancer first diagnosed?
1. ____	1. ____	1. 2 5 10 >10	1. 2 5 10 >10
2. ____	2. ____	2. 2 5 10 >10	2. 2 5 10 >10
3. ____	3. ____	3. 2 5 10 >10	3. 2 5 10 >10

43. Is your sister living or deceased? **(CIRCLE ONE)**

**LIVING**

44. What is her current address? \_\_\_\_\_  
STREET
APT NO.
CITY
STATE
ZIP

45. And what is her current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**  
AREA CODE/ NUMBER

**DECEASED**

46. What was her date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ 2 5 10 >10  
MONTH/ DAY/ YEAR

47. In what city and state did she die? \_\_\_\_\_  
CITY
STATE

48. What is the name of her next-of-kin? \_\_\_\_\_

49. What is his/her current address? \_\_\_\_\_  
STREET
APT NO.
CITY
STATE
ZIP

50. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

## SISTER 2

34. What is your 2nd **sister's** full name, including her middle name, and her maiden name, if she is married? \_\_\_\_\_

FIRST

MIDDLE/MAIDEN 35.

What is her full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

LAST

36. Is she a half-sister? **(CIRCLE ONE)** NO **(GO TO Q. 38)** YES 37. Was she born to your mother or your father? MOTHER FATHER

38. Has this sister ever had breast cancer, ovarian cancer, childhood cancer, or any other type of cancer? **(CIRCLE ONE)**

NO **(GO TO Q. 43)**

YES **(ASK QUESTIONS BELOW)**

39. What type(s) of cancer did she have? <b>(INCLUDE ALL)</b>	40. What part of the body did this cancer start in?	41. How old was she when this cancer was first diagnosed?	42. What date was this cancer first diagnosed?
1. ____	1. ____	1. <b>2 5 10 &gt;10</b>	1. <b>2 5 10 &gt;10</b>
2. ____	2. ____	2. <b>2 5 10 &gt;10</b>	2. <b>2 5 10 &gt;10</b>
3. ____	3. ____	3. <b>2 5 10 &gt;10</b>	3. <b>2 5 10 &gt;10</b>

43. Is this sister living or deceased? **(CIRCLE ONE)**

**LIVING**

44. What is her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

45. And what is her current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**  
AREA CODE/ NUMBER

**DECEASED**

46. What was her date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

47. In what city and state did she die? \_\_\_\_\_  
CITY STATE

48. What is the name of her next-of-kin? \_\_\_\_\_

49. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

50. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

### **SISTER 3**

34. What is your 3rd **sister's** full name, including her middle name, and her maiden name, if she is married? \_\_\_\_\_

FIRST

MIDDLE/MAIDEN 35.

What is her full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

LAST

36. Is she a half-sister? (**CIRCLE ONE**) NO (**GO TO Q. 38**) YES 37. Was she born to your mother or your father? MOTHER FATHER

38. Has this sister ever had breast cancer, ovarian cancer, childhood cancer, or any other type of cancer? (**CIRCLE ONE**)

NO (**GO TO Q. 43**)

YES (**ASK QUESTIONS BELOW**)

39. What type(s) of cancer did she have? ( <b>INCLUDE ALL</b> )	40. What part of the body did this cancer start in?	41. How old was she when this cancer was first diagnosed?	42. What date was this cancer first diagnosed?
1. ____	1. ____	1. <b>2 5 10 &gt;10</b>	1. <b>2 5 10 &gt;10</b>
2. ____	2. ____	2. <b>2 5 10 &gt;10</b>	2. <b>2 5 10 &gt;10</b>
3. ____	3. ____	3. <b>2 5 10 &gt;10</b>	3. <b>2 5 10 &gt;10</b>

43. Is this sister living or deceased? (**CIRCLE ONE**)

**LIVING**

44. What is her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

45. And what is her current telephone number? \_\_\_\_\_ (**GO TO NEXT PAGE**)  
AREA CODE/ NUMBER

**DECEASED**

46. What was her date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

47. In what city and state did she die? \_\_\_\_\_  
CITY STATE

48. What is the name of her next-of-kin? \_\_\_\_\_

49. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

50. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER



## **SISTER 4**

34. What is your 4th **sister's** full name, including her middle name, and her maiden name, if she is married? \_\_\_\_\_

FIRST

MIDDLE/MAIDEN 35.

What is her full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

LAST

36. Is she a half-sister? **(CIRCLE ONE)** NO **(GO TO Q. 38)** YES 37. Was she born to your mother or your father? MOTHER FATHER

38. Has this sister ever had breast cancer, ovarian cancer, childhood cancer, or any other type of cancer? **(CIRCLE ONE)**

NO **(GO TO Q. 43)**

YES **(ASK QUESTIONS BELOW)**

39. What type(s) of cancer did she have? <b>(INCLUDE ALL)</b>	40. What part of the body did this cancer start in?	41. How old was she when this cancer was first diagnosed?	42. What date was this cancer first diagnosed?
1. ____	1. ____	1. <b>2 5 10 &gt;10</b>	1. <b>2 5 10 &gt;10</b>
2. ____	2. ____	2. <b>2 5 10 &gt;10</b>	2. <b>2 5 10 &gt;10</b>
3. ____	3. ____	3. <b>2 5 10 &gt;10</b>	3. <b>2 5 10 &gt;10</b>

43. Is this sister living or deceased? **(CIRCLE ONE)**

**LIVING**

44. What is her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

45. And what is her current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**  
AREA CODE/ NUMBER

**DECEASED**

46. What was her date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

47. In what city and state did she die? \_\_\_\_\_  
CITY STATE

48. What is the name of her next-of-kin? \_\_\_\_\_

49. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

50. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

## ***BROTHERS***

51. How many biological brothers do you have altogether, including any half-brothers or brothers who are deceased? \_\_\_\_\_ ***(IF NONE, GO TO PAGE 15)***

*Now I would like to ask you similar questions about your brothers. As before, please include only your brothers who have the same biological mother or father you have. Do not include step-brothers or adopted brothers.*

## **BROTHER 1**

52. What is your (first) **brother's** full name, including his middle name? \_\_\_\_\_  
FIRST MIDDLE LAST

53. What is his full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

54. Is he a half-brother? **NO (GO TO Q. 56)** YES    55. Was he born to your mother or your father?    MOTHER    FATHER

56. Has your brother ever had breast cancer, childhood cancer, or any other type of cancer? **(CIRCLE ONE)**

**NO (GO TO Q. 61)**    **YES (ASK QUESTIONS BELOW)**

57. What type of cancer(s) did he have? <b>(INCLUDE ALL)</b>	58. What part of the body did this cancer start in?	59. How old was he when this cancer was first diagnosed?	60. What <u>Date</u> was this cancer first diagnosed?
1. ____	1. _____	1. <b>2 5 10 &gt;10</b>	1. <b>2 5 10 &gt;10</b>
2. ____	2. _____	2. <b>2 5 10 &gt;10</b>	2. <b>2 5 10 &gt;10</b>
3. ____	3. _____	3. <b>2 5 10 &gt;10</b>	3. <b>2 5 10 &gt;10</b>

61. Is your brother living or deceased? **(CIRCLE ONE)**

### **LIVING**

62. What is his current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

63. And what is his current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**  
AREA CODE/ NUMBER

### **DECEASED**

64. What was his date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

**(IF NO CANCER, GO TO NEXT PAGE)**

65. In what city and state did he die? \_\_\_\_\_  
CITY STATE

66. What is the name of his next-of-kin? \_\_\_\_\_

67. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

68. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

## **BROTHER 2**

52. What is your 2nd **brother's** full name, including his middle name? \_\_\_\_\_  
FIRST MIDDLE LAST

53. What is his full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

54. Is he a half-brother? NO (**GO TO Q. 56**) YES 55. Was he born to your mother or your father? MOTHER FATHER

56. Has this brother ever had breast cancer, childhood cancer, or any other type of cancer? (**CIRCLE ONE**)

NO (**GO TO Q. 61**) YES (**ASK QUESTIONS BELOW**)

57. What type of cancer(s) did he have? ( <b>INCLUDE ALL</b> )	58. What part of the body did this cancer start in?	59. How old was he when this cancer was first diagnosed?	60. What <u>Date</u> was this cancer first diagnosed?
1. ____	1. _____	1. <b>2 5 10 &gt;10</b>	1. <b>2 5 10 &gt;10</b>
2. ____	2. _____	2. <b>2 5 10 &gt;10</b>	2. <b>2 5 10 &gt;10</b>
3. ____	3. _____	3. <b>2 5 10 &gt;10</b>	3. <b>2 5 10 &gt;10</b>

61. Is your brother living or deceased? (**CIRCLE ONE**)

### **LIVING**

62. What is his current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

63. And what is his current telephone number? \_\_\_\_\_ (**GO TO NEXT PAGE**)  
AREA CODE/ NUMBER

### **DECEASED**

64. What was his date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

(**IF NO CANCER, GO TO NEXT PAGE**)

65. In what city and state did he die? \_\_\_\_\_  
CITY STATE

66. What is the name of his next-of-kin? \_\_\_\_\_

67. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

68. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

### **BROTHER 3**

52. What is your 3rd **brother's** full name, including his middle name? \_\_\_\_\_  
FIRST MIDDLE LAST

53. What is his full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

54. Is he a half-brother? NO (**GO TO Q. 56**) YES 55. Was he born to your mother or your father? MOTHER FATHER

56. Has this brother ever had breast cancer, childhood cancer, or any other type of cancer? (**CIRCLE ONE**)

NO (**GO TO Q. 61**) YES (**ASK QUESTIONS BELOW**)

57. What type of cancer(s) did he have? ( <b>INCLUDE ALL</b> )	58. What part of the body did this cancer start in?	59. How old was he when this cancer was first diagnosed?	60. What <u>Date</u> was this cancer first diagnosed?
1. ____	1. _____	1. <b>2 5 10 &gt;10</b>	1. <b>2 5 10 &gt;10</b>
2. ____	2. _____	2. <b>2 5 10 &gt;10</b>	2. <b>2 5 10 &gt;10</b>
3. ____	3. _____	3. <b>2 5 10 &gt;10</b>	3. <b>2 5 10 &gt;10</b>

61. Is your brother living or deceased? (**CIRCLE ONE**)

**LIVING**

62. What is his current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

63. And what is his current telephone number? \_\_\_\_\_ (**GO TO NEXT PAGE**)  
AREA CODE/ NUMBER

**DECEASED**

64. What was his date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

(**IF NO CANCER, GO TO NEXT PAGE**)

65. In what city and state did he die? \_\_\_\_\_  
CITY STATE

66. What is the name of his next-of-kin? \_\_\_\_\_

67. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

68. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

## **BROTHER 4**

52. What is your 4th **brother's** full name, including his middle name? \_\_\_\_\_  
FIRST MIDDLE LAST

53. What is his full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

54. Is he a half-brother? NO (**GO TO Q. 56**) YES 55. Was he born to your mother or your father? MOTHER FATHER

56. Has this brother ever had breast cancer, childhood cancer, or any other type of cancer? (**CIRCLE ONE**)

NO (**GO TO Q. 61**) YES (**ASK QUESTIONS BELOW**)

57. What type of cancer(s) did he have? ( <b>INCLUDE ALL</b> )	58. What part of the body did this cancer start in?	59. How old was he when this cancer was first diagnosed?	60. What <u>Date</u> was this cancer first diagnosed?
1. ____	1. _____	1. <b>2 5 10 &gt;10</b>	1. <b>2 5 10 &gt;10</b>
2. ____	2. _____	2. <b>2 5 10 &gt;10</b>	2. <b>2 5 10 &gt;10</b>
3. ____	3. _____	3. <b>2 5 10 &gt;10</b>	3. <b>2 5 10 &gt;10</b>

61. Is your brother living or deceased? (**CIRCLE ONE**)

**LIVING** 62. What is his current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

63. And what is his current telephone number? \_\_\_\_\_ (**GO TO NEXT PAGE**)  
AREA CODE/ NUMBER

**DECEASED** 64. What was his date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

(**IF NO CANCER, GO TO NEXT PAGE**)

65. In what city and state did he die? \_\_\_\_\_  
CITY STATE

66. What is the name of his next-of-kin? \_\_\_\_\_

67. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

68. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

## ***DAUGHTERS***

69. How many biological daughters do you have altogether, including any who are deceased? \_\_\_\_\_ ***(IF NONE, GO TO PAGE 20)***

*Now I would like to ask you a few questions about your daughters. Please include only daughters born to you but not step-daughters or adopted daughters.*

## DAUGHTER 1

70. What is your (first) **daughter's** full name, including her middle name, and maiden name if she is married? \_\_\_\_\_  
FIRST MIDDLE/MAIDEN

71. What is her full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ 2 5 10 >10  
MONTH/ DAY/ YEAR LAST

72. Has your daughter ever had breast cancer, ovarian cancer, childhood cancer, or any other type of cancer? **(CIRCLE ONE)**

NO (GO TO Q. 80)

YES (ASK QUESTIONS BELOW)

73. What type(s) of cancer did she have? <b>(INCLUDE ALL)</b>	74. What part of the body did this cancer start in?	75. How old was she when this cancer was first diagnosed?	76. What <u>date</u> was this cancer first diagnosed?
1. ____	1. _____	1. 2 5 10 >10	1. 2 5 10 >10
2. ____	2. _____	2. 2 5 10 >10	2. 2 5 10 >10
3. ____	3. _____	3. 2 5 10 >10	3. 2 5 10 >10

77. What is the name of your daughter's father/mother? \_\_\_\_\_

78. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

79. What is his/her current telephone number? \_\_\_\_\_

80. Is your daughter living or deceased? **(CIRCLE ONE)**

**LIVING** 81. What is her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

82. And what is her current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**  
AREA CODE/ NUMBER

**DECEASED** 83. What was her date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ 2 5 10 >10  
MONTH/ DAY / YEAR

**(IF NO CANCER, GO TO NEXT PAGE)**

84. In what city and state did she die? \_\_\_\_\_

85. What is the name of her next-of-kin? \_\_\_\_\_

86. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

87. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER



## DAUGHTER 2

70. What is your 2nd **daughter's** full name, including her middle name, and maiden name if she is married? \_\_\_\_\_  
FIRST MIDDLE/MAIDEN

71. What is her full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ 2 5 10 >10  
MONTH/ DAY/ YEAR LAST

72. Has this daughter ever had breast cancer, ovarian cancer, childhood cancer, or any other type of cancer? **(CIRCLE ONE)**

NO (GO TO Q. 80)

YES (ASK QUESTIONS BELOW)

73. What type(s) of cancer did she have? <b>(INCLUDE ALL)</b>	74. What part of the body did this cancer start in?	75. How old was she when this cancer was first diagnosed?	76. What <u>date</u> was this cancer first diagnosed?
1. ____	1. _____	1. 2 5 10 >10	1. 2 5 10 >10
2. ____	2. _____	2. 2 5 10 >10	2. 2 5 10 >10
3. ____	3. _____	3. 2 5 10 >10	3. 2 5 10 >10

77. What is the name of your daughter's father/mother? \_\_\_\_\_

78. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

79. What is his/her current telephone number? \_\_\_\_\_

80. Is your daughter living or deceased? **(CIRCLE ONE)**

**LIVING** 81. What is her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

82. And what is her current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**  
AREA CODE/ NUMBER

**DECEASED** 83. What was her date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ 2 5 10 >10  
MONTH/ DAY / YEAR

**(IF NO CANCER, GO TO NEXT PAGE)**

84. In what city and state did she die? \_\_\_\_\_

85. What is the name of her next-of-kin? \_\_\_\_\_

86. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

87. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

## DAUGHTER 3

70. What is your 3rd **daughter's** full name, including her middle name, and maiden name if she is married? \_\_\_\_\_  
FIRST MIDDLE/MAIDEN

71. What is her full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ 2 5 10 >10  
MONTH/ DAY/ YEAR LAST

72. Has this daughter ever had breast cancer, ovarian cancer, childhood cancer, or any other type of cancer? **(CIRCLE ONE)**

NO (GO TO Q. 80)

YES (ASK QUESTIONS BELOW)

73. What type(s) of cancer did she have? <b>(INCLUDE ALL)</b>	74. What part of the body did this cancer start in?	75. How old was she when this cancer was first diagnosed?	76. What <u>date</u> was this cancer first diagnosed?
1. ____	1. _____	1. 2 5 10 >10	1. 2 5 10 >10
2. ____	2. _____	2. 2 5 10 >10	2. 2 5 10 >10
3. ____	3. _____	3. 2 5 10 >10	3. 2 5 10 >10

77. What is the name of your daughter's father/mother? \_\_\_\_\_

78. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

79. What is his/her current telephone number? \_\_\_\_\_

80. Is your daughter living or deceased? **(CIRCLE ONE)**

**LIVING** 81. What is her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

82. And what is her current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**  
AREA CODE/ NUMBER

**DECEASED** 83. What was her date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ 2 5 10 >10  
MONTH/ DAY / YEAR

**(IF NO CANCER, GO TO NEXT PAGE)**

84. In what city and state did she die? \_\_\_\_\_

85. What is the name of her next-of-kin? \_\_\_\_\_

86. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

87. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

## DAUGHTER 4

70. What is your 4th **daughter's** full name, including her middle name, and maiden name if she is married? \_\_\_\_\_  
FIRST MIDDLE/MAIDEN

71. What is her full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ 2 5 10 >10  
MONTH/ DAY/ YEAR LAST

72. Has this daughter ever had breast cancer, ovarian cancer, childhood cancer, or any other type of cancer? **(CIRCLE ONE)**

NO (GO TO Q. 80)

YES (ASK QUESTIONS BELOW)

73. What type(s) of cancer did she have? <b>(INCLUDE ALL)</b>	74. What part of the body did this cancer start in?	75. How old was she when this cancer was first diagnosed?	76. What <u>date</u> was this cancer first diagnosed?
1. ____	1. _____	1. 2 5 10 >10	1. 2 5 10 >10
2. ____	2. _____	2. 2 5 10 >10	2. 2 5 10 >10
3. ____	3. _____	3. 2 5 10 >10	3. 2 5 10 >10

77. What is the name of your daughter's father/mother? \_\_\_\_\_

78. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

79. What is his/her current telephone number? \_\_\_\_\_

80. Is your daughter living or deceased? **(CIRCLE ONE)**

**LIVING** 81. What is her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

82. And what is her current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**  
AREA CODE/ NUMBER

**DECEASED** 83. What was her date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ 2 5 10 >10  
MONTH/ DAY / YEAR

**(IF NO CANCER, GO TO NEXT PAGE)**

84. In what city and state did she die? \_\_\_\_\_

85. What is the name of her next-of-kin? \_\_\_\_\_

86. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

87. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

## ***SONS***

88. How many biological sons do you have altogether, including any who are deceased? \_\_\_\_\_ ***(IF NONE, GO TO PAGE 25)***

*Now I would like to ask you the same questions about your sons. Please include only sons born to you but not step-sons or adopted sons.*

# SON 1

89. What is your (first) **son's** full name, including his middle name? \_\_\_\_\_  
FIRST MIDDLE LAST

90. What is his full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

91. Has your son ever had breast cancer, childhood cancer, or any other type of cancer? **(CIRCLE ONE)**

**NO (GO TO Q. 99)**

**YES (ASK QUESTIONS BELOW)**

92. What type(s) of cancer did he have? <b>(INCLUDE ALL)</b>	93. What part of the body did this cancer start in?	94. How old was he when this cancer was first diagnosed?	95. What <u>date</u> was this cancer first diagnosed?
1. ____	1. _____	1. <b>2 5 10 &gt;10</b>	1. <b>2 5 10 &gt;10</b>
2. ____	2. _____	2. <b>2 5 10 &gt;10</b>	2. <b>2 5 10 &gt;10</b>
3. ____	3. _____	3. <b>2 5 10 &gt;10</b>	3. <b>2 5 10 &gt;10</b>

96. What is the name of your son's father/mother? \_\_\_\_\_

97. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

98. What is his/her current telephone number? \_\_\_\_\_

99. Is your son living or deceased? **(CIRCLE ONE)**

**LIVING**

100. What is his current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

101. And what is his current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**

AREA CODE/ NUMBER

**DECEASED**

102. What was his date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

**(IF NO CANCER, GO TO NEXT PAGE)**

103. In what city and state did he die? \_\_\_\_\_

104. What is the name of his next-of-kin? \_\_\_\_\_

105. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

106. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

## SON 2

89. What is your 2nd **son's** full name, including his middle name? \_\_\_\_\_  
FIRST MIDDLE LAST

90. What is his full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ 2 5 10 >10  
MONTH/ DAY/ YEAR

91. Has your son ever had breast cancer, childhood cancer, or any other type of cancer? **(CIRCLE ONE)**

NO **(GO TO Q. 99)**

YES **(ASK QUESTIONS BELOW)**

92. What type(s) of cancer did he have? <b>(INCLUDE ALL)</b>	93. What part of the body did this cancer start in?	94. How old was he when this cancer was first diagnosed?	95. What <u>date</u> was this cancer first diagnosed?
1. ____	1. _____	1. 2 5 10 >10	1. 2 5 10 >10
2. ____	2. _____	2. 2 5 10 >10	2. 2 5 10 >10
3. ____	3. _____	3. 2 5 10 >10	3. 2 5 10 >10

96. What is the name of your son's father/mother? \_\_\_\_\_

97. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

98. What is his/her current telephone number? \_\_\_\_\_

99. Is your son living or deceased? **(CIRCLE ONE)**

### **LIVING**

100. What is his current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

101. And what is his current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**

AREA CODE/ NUMBER

### **DECEASED**

102. What was his date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ 2 5 10 >10  
MONTH/ DAY/ YEAR

**(IF NO CANCER, GO TO NEXT PAGE)**

103. In what city and state did he die? \_\_\_\_\_

104. What is the name of his next-of-kin? \_\_\_\_\_

105. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

106. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

### SON 3

89. What is your 3rd **son's** full name, including his middle name? \_\_\_\_\_  
FIRST MIDDLE LAST

90. What is his full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

91. Has this son ever had breast cancer, childhood cancer, or any other type of cancer? **(CIRCLE ONE)**

**NO (GO TO Q. 99)**

**YES (ASK QUESTIONS BELOW)**

92. What type(s) of cancer did he have? <b>(INCLUDE ALL)</b>	93. What part of the body did this cancer start in?	94. How old was he when this cancer was first diagnosed?	95. What <u>date</u> was this cancer first diagnosed?
1. ____	1. _____	1. <b>2 5 10 &gt;10</b>	1. <b>2 5 10 &gt;10</b>
2. ____	2. _____	2. <b>2 5 10 &gt;10</b>	2. <b>2 5 10 &gt;10</b>
3. ____	3. _____	3. <b>2 5 10 &gt;10</b>	3. <b>2 5 10 &gt;10</b>

96. What is the name of your son's father/mother? \_\_\_\_\_

97. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

98. What is his/her current telephone number? \_\_\_\_\_

99. Is your son living or deceased? **(CIRCLE ONE)**

**LIVING**

100. What is his current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

101. And what is his current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**

AREA CODE/ NUMBER

**DECEASED**

102. What was his date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

**(IF NO CANCER, GO TO NEXT PAGE)**

103. In what city and state did he die? \_\_\_\_\_

104. What is the name of his next-of-kin? \_\_\_\_\_

105. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

106. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

## SON 4

89. What is your 4th **son's** full name, including his middle name? \_\_\_\_\_  
FIRST MIDDLE LAST

90. What is his full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

91. Has this son ever had breast cancer, childhood cancer, or any other type of cancer? **(CIRCLE ONE)**

**NO (GO TO Q. 99)**

**YES (ASK QUESTIONS BELOW)**

92. What type(s) of cancer did he have? <b>(INCLUDE ALL)</b>	93. What part of the body did this cancer start in?	94. How old was he when this cancer was first diagnosed?	95. What <u>date</u> was this cancer first diagnosed?
1. ____	1. _____	1. <b>2 5 10 &gt;10</b>	1. <b>2 5 10 &gt;10</b>
2. ____	2. _____	2. <b>2 5 10 &gt;10</b>	2. <b>2 5 10 &gt;10</b>
3. ____	3. _____	3. <b>2 5 10 &gt;10</b>	3. <b>2 5 10 &gt;10</b>

96. What is the name of your son's father/mother? \_\_\_\_\_

97. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

98. What is his/her current telephone number? \_\_\_\_\_

99. Is your son living or deceased? **(CIRCLE ONE)**

### **LIVING**

100. What is his current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

101. And what is his current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**

AREA CODE/ NUMBER

### **DECEASED**

102. What was his date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

**(IF NO CANCER, GO TO NEXT PAGE)**

103. In what city and state did he die? \_\_\_\_\_

104. What is the name of his next-of-kin? \_\_\_\_\_

105. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

106. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER



## OTHER RELATIVES

Now, I would like to ask you about some of your other blood relatives. As before, please do not include adopted relatives or step-relatives.

107. Let's start with your father's family. Was your father adopted? NO YES (IF YES, GO TO Q. 112)

108. How many biologic brothers did your father have? These would be your uncles. \_\_\_\_\_

109. How many children **in total** were born to all your father's biologic brothers? These would be your first cousins. \_\_\_\_\_

110. How many biologic sisters did your father have? These would be your aunts. \_\_\_\_\_

111. How many children **in total** were born to all your father's biologic sisters? These also would be your first cousins. \_\_\_\_\_

Now let's talk about your mother's biologic relatives. Again, please do not include any adopted relatives or step-relatives.

112. Was your mother adopted? NO YES (IF YES, GO TO Q. 117)

113. How many biologic brothers did your mother have? These would be your uncles. \_\_\_\_\_

114. How many children **in total** were born to all your mother's biologic brothers? These would be your first cousins. \_\_\_\_\_

115. How many biologic sisters did your mother have? These would be your aunts. \_\_\_\_\_

116. How many children **in total** were born to all your mother's biologic sisters? These also would be your first cousins. \_\_\_\_\_

(IF PROBAND HAS NO CHILDREN, OR ONLY HAS CHILDREN BORN AFTER 1985, GO TO Q. 118)

117. How many grandchildren do you have altogether who were born to your biological daughters and sons? \_\_\_\_\_

118. Finally, I would like to ask you whether any of your blood relatives, including your grandparents, aunts, uncles, nieces, nephews, granddaughters or grandsons has ever been diagnosed with breast cancer, ovarian cancer, childhood cancer, or any other type of cancer?

NO (GO TO LAST PAGE)

YES I would like to ask you now some questions about each of these other relatives who has been diagnosed with cancer.

## RELATIVE 1

119. What is this **relative's** full name, including his/her maiden/middle name? \_\_\_\_\_  
FIRST MIDDLE/MAIDEN LAST
120. Is this relative a male or a female? **(CIRCLE ONE)** MALE FEMALE
121. How is this person related to you? Please be as specific as possible. \_\_\_\_\_
122. What is his/her full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH / DAY / YEAR

123. What type(s) of cancer did he/she have? <b>(INCLUDE ALL)</b>	124. What part of the body did this cancer start in?	125. How old was he/she when this cancer was first diagnosed?	126. What <u>date</u> was this cancer first diagnosed?
1. ____	1. _____	1. <b>2 5 10 &gt;10</b>	1. <b>2 5 10 &gt;10</b>
2. ____	2. _____	2. <b>2 5 10 &gt;10</b>	2. <b>2 5 10 &gt;10</b>
3. ____	3. _____	3. <b>2 5 10 &gt;10</b>	3. <b>2 5 10 &gt;10</b>

127. Is this relative living or deceased? **(CIRCLE ONE)**

**LIVING** 128. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

129. And what is his/her current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**  
AREA CODE/ NUMBER

**DECEASED** 130. What was his/her date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH/ DAY/ YEAR

131. In what city and state did she die? \_\_\_\_\_

132. What is the name of his/her next-of-kin? \_\_\_\_\_

133. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

134. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

## RELATIVE 2

119. What is this **relative's** full name, including his/her maiden/middle name? \_\_\_\_\_  
FIRST MIDDLE/MAIDEN LAST
120. Is this relative a male or a female? **(CIRCLE ONE)** MALE FEMALE
121. How is this person related to you? Please be as specific as possible. \_\_\_\_\_
122. What is his/her full date of birth? \_\_\_\_\_ **2 5 10 >10**  
MONTH / DAY / YEAR

123. What type(s) of cancer did he/she have? <b>(INCLUDE ALL)</b>	124. What part of the body did this cancer start in?	125. How old was he/she when this cancer was first diagnosed?	126. What <u>date</u> was this cancer first diagnosed?
1. _____	1. _____	1. <b>2 5 10 &gt;10</b>	1. <b>2 5 10 &gt;10</b>
2. _____	2. _____	2. <b>2 5 10 &gt;10</b>	2. <b>2 5 10 &gt;10</b>
3. _____	3. _____	3. <b>2 5 10 &gt;10</b>	3. <b>2 5 10 &gt;10</b>

127. Is this relative living or deceased? **(CIRCLE ONE)**

**LIVING** 128. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

129. And what is his/her current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**  
AREA CODE / NUMBER

**DECEASED** 130. What was his/her date of death? \_\_\_\_\_  
MONTH / DAY / YEAR

131. In what city and state did she die? \_\_\_\_\_

132. What is the name of his/her next-of-kin? \_\_\_\_\_

133. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

134. And what is his/her current telephone number? \_\_\_\_\_



134. And what is his/her current telephone number? \_\_\_\_\_  
AREA CODE/ NUMBER

### RELATIVE 4

119. What is this **relative's** full name, including his/her maiden/middle name? \_\_\_\_\_  
FIRST MIDDLE/MAIDEN LAST

120. Is this relative a male or a female? **(CIRCLE ONE)** MALE FEMALE

121. How is this person related to you? Please be as specific as possible. \_\_\_\_\_

122. What is his/her full date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ **2 5 10 >10**  
MONTH/ DAY/ YEAR

123. What type(s) of cancer did he/she have? <b>(INCLUDE ALL)</b>	124. What part of the body did this cancer start in?	125. How old was he/she when this cancer was first diagnosed?	126. What <u>date</u> was this cancer first diagnosed?
1. ____	1. ____	1. <b>2 5 10 &gt;10</b>	1. <b>2 5 10 &gt;10</b>
2. ____	2. ____	2. <b>2 5 10 &gt;10</b>	2. <b>2 5 10 &gt;10</b>
3. ____	3. ____	3. <b>2 5 10 &gt;10</b>	3. <b>2 5 10 &gt;10</b>

127. Is this relative living or deceased? **(CIRCLE ONE)**

**LIVING** 128. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

129. And what is his/her current telephone number? \_\_\_\_\_ **(GO TO NEXT PAGE)**  
AREA CODE/ NUMBER

**DECEASED** 130. What was his/her date of death? \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH/ DAY/ YEAR

131. In what city and state did she die? \_\_\_\_\_

132. What is the name of his/her next-of-kin? \_\_\_\_\_

133. What is his/her current address? \_\_\_\_\_  
STREET APT NO. CITY STATE ZIP

134. And what is his/her current telephone number? \_\_\_\_\_  
 AREA CODE/ NUMBER

**TIME INTERVIEW COMPLETED:**

	AM	1	
HR	MIN	PM	2

**(GO TO BLOOD ELIGIBILITY QUESTIONNAIRE)**

CONTINUATION PAGE USED	YES	1
	NO	2

INTERVIEWER ASSESSMENT

1. PARTICIPANT'S COOPERATION WAS

VERY GOOD	1
GOOD	2
FAIR	3
POOR	4

2. THE OVERALL QUALITY OF THIS INTERVIEW IS

HIGH QUALITY	1
GENERALLY RELIABLE	2
QUESTIONABLE	3
UNSATISFACTORY	4

3. WERE THERE ANY DISTRACTIONS DURING THE INTERVIEW

YES	1
NO	2

**IF YES:**

DESCRIBE \_\_\_\_\_

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